

UNDERGROUND INJECTION CONTROL (UIC)  
INSTRUCTIONS FOR COMPLETING THE  
EXISTING, LARGE-CAPACITY CESSPOOL (LCC)  
INJECTION WELL

**APPLICATION FOR ABANDONMENT OF AN UNREGISTERED INJECTION WELL  
AND AUTHORIZATION TO OPERATE UNTIL ABANDONMENT**

(December 2003)

Attached are listed instructions for completing the titled application. The listed instructions correspond to the numbered items in the application.

Due to the April 5, 2005, Federal ban on existing LCC injection wells, a special circumstance has arisen: existing, LCC injection wells, which are currently **unregistered** but expected to be permanently abandoned, need to be registered (authorized to operate) up until the time of abandonment. This application serves the dual purpose of (1) filing an application for injection well abandonment and (2) registering (authorizing) the unregistered LCC injection well during the interim until abandonment occurs.

This application should only be used for the above stated purpose. LCC injection well abandonment should occur by April 5, 2005, or sometime thereafter. Up until the time of injection abandonment, a written authorization will be issued to the applicant to allow use of the LCC injection well. The written authorization will contain specific conditions for operating the LCC injection well, as well as conditions for notifying the Health Department in preparation of injection well abandonment.

Do not use this application form for other injection well permitting, modification, or abandonment purposes.

All items of the application must be accurately and completely answered. An inaccurate or incomplete application is not satisfactory and will be returned for correction. If an item does not apply, please enter "Not Applicable" to show that the item was given consideration.

The services of a professional consultant are recommended to complete and service the application throughout the LCC injection well authorization and abandonment process. Professional services enhance efficient processing.

**A \$100 filing fee payable to the State of Hawai'i is required with the application.** Governmental agencies are fee exempt.

Questions can be directed to either Jaime Rimando, Norris Uehara, or Chauncey Hew at the Safe Drinking Water Branch. Please call 808-586-4258 (Honolulu) or call toll free: Kaua'i 274-3141 ext. 64258; Maui 984-2400 ext. 64258; Big Island 974-4000 ext. 64258; Molokai and Lana'i 1-800-468-4644 ext. 64258.

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1. Provide the full facility name. This name will appear on all correspondence and official files.
2. Check the appropriate box and provide a complete description of the facility in terms of the facility's purpose and its basic operations/functions.
- 3a. Enter a street number and name. If no number is available, then give street boundaries and approximate dimensions of the parcel, and the location of the parcel relative to street boundaries.
- 3b. Provide a map of the entire island with the project location highlighted. A simple map will suffice such as the type found in textbooks that show an entire island on one page, and can be photocopied on an 8-1/2" x 11" sheet.
- 3c. Provide a copy of the TMK map showing TMK numbers and the exact location of the injection well(s) and well number. Highlight the injection well(s). Provide Division, Zone, Section, Plat, and Parcel numbers.
- 3d. Provide a site plan of the facility showing the injection well(s) with pertinent details.
- 3e. Provide a copy of the 1:24,000 scale USGS map: this is the 7-1/2 minute quadrangle map. The entire quadrangle map is not necessary, but give a portion large enough to identify the surrounding areas and surrounding pertinent features. Plot the injection well(s) on the map. Plot every drinking water well or source within a 1/4 mile radius of the facility.

Maps showing drinking water wells are located at:

- |                                  |                      |
|----------------------------------|----------------------|
| (1) Safe Drinking Water Branch,  | State agency, O`ahu; |
| Department of Health             |                      |
| (2) Commission on Water Resource | State agency, O`ahu; |
| Management, Department of Land   |                      |
| & Natural Resources              |                      |
| (3) Department of Water Supply   | County agency.       |

The extent of current information may vary between agencies.

- 3f. Provide the latitude and longitude of the LCC injection well as plotted on the 7-1/2 minute quadrangle map. Use the Old Hawaiian Datum (NAD 27).

List coordinates to the nearest second. Remember, every second changes your map distance by about 95 feet in longitude and 100 feet in latitude.

4. Provide the name and address of the person, company, or corporation that owns the LCC injection well.
5. Provide the name and address of the business operator of the LCC injection well. (The operator is often the owner of the injection well. The operator is not a service-provider contractor.)
6. Provide the name, position, company, address and telephone number of the person legally responsible for the drainage injection facility. All UIC correspondence will be made to this person.
7. Check the appropriate box to describe the facility's interest in the land on which the facility is built. Fee simple refers to direct ownership. Leasehold refers to a lease agreement between the facility and the fee simple owner of the property.
8. Provide the consultant's information. For professional engineers, affix the P.E. stamp.
9. & 10.  
Provide the requested information.

Note: The anticipated date of injection well abandonment must be stated. A monthly date is satisfactory. The applicability of this application form is based on the definite abandonment of the injection well.

11. If known, describe the injection well construction method. Typical construction methods are rotary drilling, percussion, excavating, or combinations thereof.
12. & 13.  
If available, provide the requested information. If the information is not available, you may be required to conduct investigations and testing.
14. Provide the requested information. Most facilities are served potable water by the County's Department of Water Supply. Potable water may also be supplied by a water purveyor other than the County. If so, identify the water purveyor. If applicable, also identify the sources of non-potable water serving the facility.

15. Without the \$100 filing fee, the UIC application is not complete. Please make the check payable to the State of Hawai'i. Governmental agencies are fee exempt.
16. Date the application consistently with the attached Signatory and Certification Statement.
17. & 18.  
Diagram For Drainage Injection Well Dimensions:  
Complete the diagram by answering all the blanks. Do not just refer to an attachment diagram unless the attachment diagram has equivalent details that are purposefully organized and explicitly clear.
19. Signatory and Certification Statement:  
This statement must bear the original signature and identity of the applicant. This signature usually corresponds to the person described in item No. 6. Please remember to date this statement (see item no. 16).

Note: After review of the application, further information may be requested.